

08/11/17

Surveyor: Kelvin

REF:

NS/INC18018306/K1b2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/ODRES/EVA/INV/MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s: \_\_\_\_\_

of \_\_\_\_\_

Insured: SLN 9913RPolicy No: 5102148984 200718-24-11-19Claims No: MT/015259-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH C 8514 X Yr Regn: 22 Oct, 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Ins: Std / NI / NASp. Reading: 442371 T/Radio: Ins: Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB414M9407952Gen. Cond: Good / 5 / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Indr / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Campan

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/10/18 D.O.I. 9/10/18Survey held at (DHE (Loyang))

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

ops Front.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SH C 8514 X - NA/MGT/16021509/K1b

Don: 04-11-16

INC

SLN 9913R - X

4

11/10/18 (Loyang) 4/3 \$800/ 2 Pgs.

Real: \$1744.40, 69%.

RECEIVED 12 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report1) Logbook☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: TPLump Sum / L.B.: (\$ 800)

160

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	09/10/2018 17:54
Vehicle No. (For Motor)	SLN9913R	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102148984		NG KAI YUEN	S9051391E	GPC	drive CLASSIC	SLN9913R	SLN9913R	20/07/2018	24/11/2019

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**Janice Lee (LKKAUTO)**

**To:** mtreg  
**Subject:** RE: REQUEST CLAIMS NUMBER

**From:** Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]  
**Sent:** Thursday, October 11, 2018 5:24 PM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST CLAIMS NUMBER

Dear Sir/ Madam,

Kindly let us have the claim number :-

MT/1015259-002	COMFORT TRANSPORTATION PTE LTD	SHC 8514X	SLN 9913R	09/10/2018	\$
MT/1014628-002	COMFORT TRANSPORTATION PTE LTD	SHD 6514D	SMA 4668M	06/10/2018	\$
MT/1015158-002	COMFORT TRANSPORTATION PTE LTD	SHA 4114D	GBD 9989T	09/10/2018	\$

Thank you.

Best Regards,  
**Jannice Lee (Ms)** | Case Handler  
**LKK Auto Consultants Pte Ltd**  
Phone: 6256-3561 | email: [jannicelee@lkkauto.com](mailto:jannicelee@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**Disclaimer**

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	09/10/2018 10:30
Date Of Accident	09/10/2018 06:00
Exact Location Of Accident	AYER RAJAH EXPRESSWAY TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8514X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	KELVIN LIONG
NRIC No	S7343417C
Date Of Birth	09/12/1973
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97269130
Fax Number	
Contact Number	
Email Address	ZKYE73@GMAIL.COM

Address	BLK 329 CLEMENTI AVENUE 2 #10-242
Postcode	120329
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : -
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181009/2015

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN9913R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	KELVIN LIONG KIN CHUNG
Approximate Age	44
Injuries Sustain	UPP, BACK PAIN
Injured person in which vehicle?	SHC8514X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 193003321R

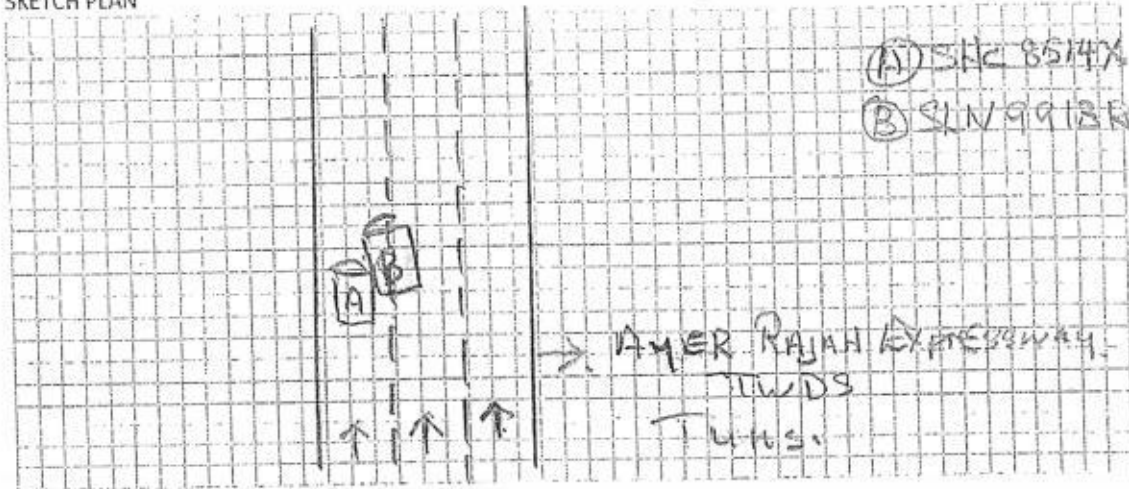
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

9/10/12  
Jackson Heng  
CSO

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach.

T/20181009/2015

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CORP. REG. NO. 100100301R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

9/10/18  
Jackson Hong  
CSO

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20181009/2015

1 of 3

Report No. T/20181009/2015

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2018 08:54	Vide Report No.: J/20181009/0053	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: KELVIN LIONG KIN CHUNG			Address: APT BLK 329 CLEMENTI AVENUE 2 #10-242 SINGAPORE 120329		
ID Type / ID No.: NRIC NO / S7343417C			Contact No.: Home/Office: Mobile: 97269130		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 09/12/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/10/2018 06:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards Tuas, near Penjuru Exit			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8514X	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20181009/2015

2 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20181009/2015

## CONTINUATION OF REPORT

Driver			
Name	KELVIN LIONG KIN CHUNG		ID No. S7343417C
Related Vehicle	SHC8514X (Car)		Contact No. 97269130
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 9 October 2018 at about 6:00am, I was travelling along Ayer Rajah Expressway towards Tuas in my Taxi vehicle (SHC8514X) with passenger on board. I wish to inform I am travelling on the extreme left lane. As I was approaching Penjuru Exit, I observed a vehicle (Mitsubishi Lancer Evolution / SLN9913) from my side view mirror approaching fast from my right. Subsequently as the said vehicle caught up with my vehicle drove pass mine, the rear left side of the vehicle swiped onto the front right side of my vehicle. However, the said vehicle failed to come to a stop by the side and as such, I tried catching up with his vehicle and signaled for him to stop to exchange particulars but to no avail.

I wish to inform the right side front bumper of my vehicle and rim suffered from slight dents and scratches. I suffered aches on my upper back area from the accident and I will be consulting a doctor. Traffic police attended to me and informed me to lodge a traffic accident report.



SINGAPORE  
POLICE FORCE



T/20181009/2015

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20181009/2015

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 JOYSON NG HAO FAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

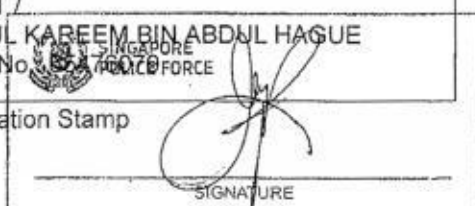
TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No: 1800-5852999

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

09/10/2018 08:54

Classification Of Case:

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.10.2018

Time: 11:49:26

## REPAIR ESTIMATE

Page: 1

NTUC-4S  
LKK-Kalvin TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305223672  
REGN NO : SHC8514X  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 22.10.2015  
DATE/TIME IN : 09.10.2018 09:00  
ACCIDENT DATE : 09.10.2018

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-2322-A	FRONT BUMPER	1	1,052.20 20.00 841.76
0002	04-01-0103-2934-G	FRT FENDER SHIELD RH	1	175.90 20.00 140.72
0003	03-01-0103-0098-G	FRT WHEEL RIM RH	1	325.30 20.00 260.24
0004	04-01-0103-0658-G	FRT WHEEL CAP RH	1	107.10 20.00 85.68

SUB-TOTAL : 1,328.40

## JOB NATURE

0000	20-05	FRT TYRE RH	216.00
0001	L	PANEL BEATING	440.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	440.00
0003	L	WHEEL ALIGNMENT	120.00

SUB-TOTAL : 1,216.00

2544.40

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.10.2018

Time: 11:49:26

REPAIR ESTIMATE

Page: 2

NTUC-45

12-T5

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305223672  
REGN NO : SHC8514X  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 22.10.2015  
DATE/TIME IN : 09.10.2018 09:00  
ACCIDENT DATE : 09.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Limf

TOTAL : 2,544.40

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Kahn LKK

9/10/18 1205L

2 Pys.

45

After Repair photo

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:

Date:

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Luyang Drive Singapore 508888  
333 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408699

24 Serangoon Loop Singapore 758166  
7 Sungei Kadut Way Singapore 728791  
501 Yehun Industrial Park A Singapore 768732

Date/Time: 09.10.2018 11:34

Page : 1

A/C Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305223672

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

REGN NO.: SHC8514X

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 09.10.2018 09:00

YR OF MANU 22.10.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU079520

COMPLETION DATE/TIME:

COUNT CARD NO.

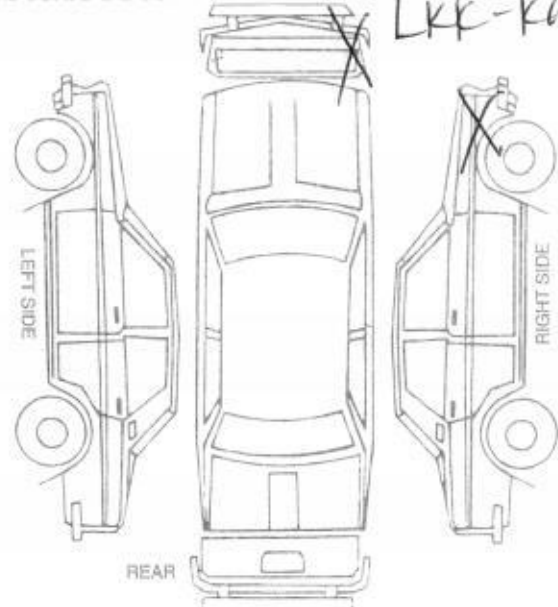
## JOB DESCRIPTION

Accident Date: 09.10.2018  
NATURE: 3P 09.10.18

S/NO LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8514X  
LIMTS

Vehicle No.: SHC8514X

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305223672

Date : 11/10/18

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8514X

Date of Accident : 09-Oct-18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SLN9913R

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$800.00

**Final Lumpsum Repair cost \$800.00**

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 11/10/18

## For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:




# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18018306/K1rbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 23-10-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLN 9913R	Veh. Inspected	SHC 8514X	
Policy No.	5102148984	Coverage (\$)	0.00	
Claim No.	MT/1015259-002	Excess (\$)	0.00	
Assign From		Assign Date	09/10/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU079520	Colour	BLUE	
Odometer	442371	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	09/10/2018	Inspection Date	09/10/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		





# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8514X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRT FENDER SHIELD RH	SERVICEABLE	175.90	-
1	FRT WHEEL RIM RH	BENT	325.30	325.30
1	FRT WHEEL CAP RH	CRACKED	107.10	107.10
1	FRONT FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-332.10	-86.48
			1,328.40	345.92
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRT TYRE RH (SN)	SERVICEABLE	216.00	-
			216.00	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT FENDER (RH).		440.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		440.00	400.00
	WHEEL ALIGNMENT.		120.00	60.00
			1,000.00	660.00
	<b>GRAND TOTAL</b>		<b>2,544.40</b>	<b>1,005.92</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>800.00</b>

Report Ref No. NS/INC18018306/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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